<u>Chart 4</u> <u>Monthly Insurance rates For Retirees</u>

Basic Life And Commonwealth Indemnity Medicare Extension (OME) Plan With Catastrophic Illness Coverage

For Retirees Insured For Medicare Part A&B And Their Spouses And Dependents

Who May Be Insured In The Non-Medicare Plan

Effective For The Premium Due July 1, 2005

Coverage Combination			Premium Amount To Be Deducted On Payroll								Full	
			Premium For Retirees (Who Retired Before July 2, 1994)				Premium For Retirees (Who Retired After July 1, 1994)				Cost Premium	
Retiree	Spouse	Dependents	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
Insured	Insured	Under	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
For:	For:	Age 19	Without	With	Without	With	Without	With	Without	With	Without	With
			CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC
Life & OME Plan/Part B	-	0	\$32.57	\$41.52	\$30.27	\$39.01	\$48.87	\$57.82	\$45.41	\$54.15	\$325.74	\$334.69
Life & OME Plan/Part B	OME Plan/Part B	0	64.61	82.51	60.01	77.49	96.94	114.84	90.02	107.50	646.18	664.08
Life & OME Plan/Part B	Basic Plan	0	92.43	129.25	81.69	114.09	138.65	175.47	122.54	154.94	924.29	961.11
Life & OME Plan/Part B	Basic Plan	1 or more	136.49	201.13	117.20	172.07	204.73	269.37	175.80	230.67	1,364.85	1,429.49
Life & Basic Plan	OME Plan/Part B	0	92.43	129.25	81.69	114.09	138.65	175.47	122.54	154.94	924.29	961.11
Life & Basic Plan	OME Plan/Part B	1 or more	136.49	201.13	117.20	172.07	204.73	269.37	175.80	230.67	1,364.85	1,429.49
Life & OME Plan/Part A&B	-	0	70.07	79.02	67.77	76.51	105.12	114.07	101.66	110.40	700.74	709.69
Life & OME Plan/Part A&B	OME Plan/Part A&B	0	139.61	157.51	135.01	152.49	209.44	227.34	202.52	220.00	1,396.18	1,414.08
Life & OME Plan/Part A&B	OME Plan/Part B	0	102.11	120.01	97.51	114.99	153.19	171.09	146.27	163.75	1,021.18	1,039.08
Life & OME Plan/Part B	OME Plan/Part A&B	0	102.11	120.01	97.51	114.99	153.19	171.09	146.27	163.75	1,021.18	1,039.08

CIC: Catastrophic Illness Coverage

Monthly Premium For CIC
Individual Coverage \$27.87
Family Coverage 64.64
OME Coverage 8.95

* Column to be used for pension deduction purposes. Old premium is for reference only.

Note: The Medicare Part B premium was not added to the rate calculation.